

ICD-10 Clinical Considerations

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Discussion Topics

- ◆ The following topics are presented for consideration
 - Clinical relevance of ICD codes
 - Clinical aspects of translation
 - Coding from documents or observations
 - Definition and terminology changes
 - Impact on condition based analysis
 - Risk and severity definition
 - Provider performance measurement
 - Rules and guidelines
 - Patient history

Clinical Relevance of ICD-10 codes

ICD-9 and ICD-10 codes are the standard method for codifying the health state of a patient and provide the “Why” for the delivery of healthcare services.

Clinical Case Example

Clinical Aspects of Translations

- ◆ The process of translation or cross walking requires that the medical concepts in one expression (code) are matched as accurately as possible to the concepts in another code or expression.
- ◆ Cross walking results in the following conditions:
 1. Precise Map:
 - All concepts from the source code and only those concepts are represented in the target code.
 2. Imprecise Map
 - Some concepts are lost in translation
 - Translation requires the assumption of some concepts that may not be true



All concepts and only those concepts represented in the ICD-9 code are represented exactly in the ICD-10 code

Example:

- ◆ ICD9 code “036.42” = Meningococcal Endocarditis
- ◆ ICD10 code “A39.51” = Meningococcal Endocarditis

Clinical Aspects of Translations

Imperfect match



The best match between an ICD-9 and ICD-10 code results in the loss of some concepts in translation or the assumption of some concepts that may or may not be true.

Example:

- ◆ ICD9 code “011.74” : Tuberculous pneumonia, tubercule bacilli not found in sputum by microscopy but found by bacterial culture
- ◆ ICD10 code “A15.0”: Tuberculosis of the lung

Example:

- ◆ ICD9 code “733.12” = Pathological fracture of the distal radius and ulna
- ◆ ICD10 code “M84.439A” = Pathological fracture, unspecified ulna and radius, initial encounter for fracture

**ICD10 guidelines indicate that when “and” is used in descriptions it can mean “and” or “or” where as in ICD9 “and” and “or” are explicitly stated*



ICD-9 Procedure Code – 84.01 Finger Amputation

- 0X6N0Z0 Detachment at Right Index Finger, Complete, Open Approach
- 0X6N0Z1 Detachment at Right Index Finger, High, Open Approach
- 0X6N0Z2 Detachment at Right Index Finger, Mid, Open Approach
- 0X6N0Z3 Detachment at Right Index Finger, Low, Open Approach
- 0X6P0Z0 Detachment at Left Index Finger, Complete, Open Approach
- 0X6P0Z1 Detachment at Left Index Finger, High, Open Approach
- 0X6P0Z2 Detachment at Left Index Finger, Mid, Open Approach
- 0X6P0Z3 Detachment at Left Index Finger, Low, Open Approach
- 0X6Q0Z0 Detachment at Right Middle Finger, Complete, Open Approach
- 0X6Q0Z1 Detachment at Right Middle Finger, High, Open Approach
- 0X6Q0Z2 Detachment at Right Middle Finger, Mid, Open Approach
- 0X6Q0Z3 Detachment at Right Middle Finger, Low, Open Approach
- 0X6R0Z0 Detachment at Left Middle Finger, Complete, Open Approach
- 0X6R0Z1 Detachment at Left Middle Finger, High, Open Approach
- 0X6R0Z2 Detachment at Left Middle Finger, Mid, Open Approach
- 0X6R0Z3 Detachment at Left Middle Finger, Low, Open Approach

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Coding from documents or observations

- ◆ Coder in a provider site will have challenges in getting to accurate codes from existing documentation or capture at the point of service
 - Super bills
 - Documentation templates
 - Level of documentation
 - Coding for reimbursement
 - Training and inter-rater reliability

Definition and Terminology Changes

- ◆ Substantial changes in terminology and definitions and the addition of new concepts will have a significant impact on the process of arriving at an ICD-10 code from crosswalks, existing documentation or observations particularly related to ICD-10 PCS (institutional procedure codes).

Definition and Terminology Changes in ICD-10 PCS

ICD-9 Procedure Term	ICD-10 Procedure Term
Arthrodesis	Fusion
Anastomosis	Bypass
Bunionectomy	Resection of Metatarsal
Amputation	Detachment
...centesis	Drainage
Arthroscopy, Cystoscopy...	Inspection... Endoscopic Approach
Aspiration	Drainage
Incision	
Tonsilectomy	Resection of Tonsils
Closed Reduction	Reposition (also repair) of (right or left) , (percutaneous, endoscopic, external)
Debridement	Excision, Extraction, Irrigation, Extirpation
Radical Mastectomy	Resection (right, left or bilateral)
Subtotal Mastectomy	Excision
Tracheostomy	Bypass
Colostomy	Bypass (colon) to Skin
Caldwell Luc Procedure	Excision, Resection right or left Maxillary Sinus
Cesarean section	Extraction of Products of Conception

- ◆ What types of impacts will there be on condition based data analysis?
 - Trends during transition
 - Predictive analysis
 - Categorization of codes
 - Logic based grouping

- ◆ What are the changes in risk and severity definition in ICD-10
 - Open fracture classifications
 - Neoplasm Classification
 - Epiphyseal injury classifications
 - Delayed healing
 - ...

- ◆ Measures of provider performance will be impacted by the transition.
 - Changes in inclusion and exclusion criteria for quality measures
 - Changes in denominator and numerator criteria for quality measures
 - Changes in grouping logic for episode, disease based cause cost and efficiency/effectiveness measures based on diagnosis codes
 - ...

Impact on rules and guidelines

- ◆ How will definition, ranges and content of new codes impact a variety of disease based rules and disease based guidelines?

- ◆ How will a patients history be impacted?
 - Condition related concepts lost in translation
 - Condition related concepts assumed in translation
 - The reliability of information during a transition and learning period

Open discussion

- ◆ What other clinical relevant topics should be considered?
- ◆ Are there other issues and solutions that should be considered?

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